

UTAH HEALTH CARE FACILITY FEE SCHEDULE

Pursuant to Utah State Legislature FY2004 Appropriation Act the following fees are designated for health care facilities.

ANNUAL LICENSE FEES (Effective July 1, 2003) - \$100 Annual Base Fee Plus the Following: **\$200.00 Semi-Annual Base Fee Plus the Following:**

Hospitals - Non JCAHO	<u>\$14.00</u> per Licensed Bed
Hospitals - JCAHO	<u>\$11.00</u> per Licensed Bed
Freestanding Residential Treatment Facilities	<u>\$ 8.00</u> per Licensed Bed
Nursing Care Facilities	<u>\$10.00</u> per Licensed Bed
Small Health Care Facilities	<u>\$10.00</u> per Licensed Bed
Assisted Living Type I and II	<u>\$ 9.00</u> per Licensed Bed
End Stage Renal Disease Centers ESRDs	<u>\$60.00</u> per Licensed Station
Freestanding Ambulatory Surgery Centers	<u>\$1000.00</u> per Facility
Birthing Centers	<u>\$200.00</u> per Licensed Delivery Room
Abortion Clinics	<u>\$200.00</u> per Licensed Operating Room
Hospice Agencies	<u>\$500.00</u> per Agency
Home Health Agencies	<u>\$500.00</u> per Agency
Satellite (Branch) Fee	<u>\$75.00</u> per Satellite (Branch) per location

ANNUAL CERTIFICATION FEES (Effective July 1, 2002)

Mammography Facility	<u>\$200.00</u> per Facility
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ADDITIONAL FEES:

Late Fees:

1. A Request for Agency Action/License Application form, applicable fees, and clearances shall be filed with the Department 15 days before the existing license expires. Late fees will be assessed if all fees and documentation are not received by the license expiration date as follows:

Within 14 days after expiration of license - 50% of scheduled fee;
Within 30 days after expiration of license - 75% of scheduled fee.

2. a. New Provider/Change of Ownership Applications: A \$500.00 fee will be assessed for services rendered providers seeking initial licensure or change of ownership. This fee will be due at the time of application.
- b. Assisted Living Limited Capacity and Small Health Care Facility - Type 'N' New Provider/Change of Ownership Application: A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership. This fee is due at the time of application.

****The fee for each additional license or copy issued to the same facility during the license year will be \$75.00.****

A. Plan Review and Inspections Fees

A minimum of two on-site inspections (one before piping and utilities are enclosed and one final inspection). Projects of two or more stories will normally require additional inspections due primarily to construction phasing. The required number of inspections will be mutually determined after the submittal of preliminary drawings. However, an inspection before enclosure of pipes and utilities is required.

Each additional inspection required or each additional inspection requested by the facility shall cost \$100.00 plus mileage in accordance with current state rate, for travel to and from the site by the Department representative.

1. Hospitals:

<u>Number of Beds</u>	<u>Plan Review Fee</u>
UP to 16	\$ 2000.00
17 to 50	4000.00
51 to 100	6000.00
101 to 200	7500.00
201 to 300	9000.00
301 to 400	10,000.00
over 400	10,000.00 + \$20.00 per each additional bed

In the case of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.

2. Nursing Care Facilities and Small Health Care Facilities:

<u>Number of Beds</u>	<u>Plan Review Fee</u>
UP to 5	\$ 650.00
6 to 17	1000.00
17 to 50	2250.00
51 to 100	4000.00
101 to 200	5000.00

3. New Assisted Living Type I and Type II Facilities:

<u>Number of Beds</u>	<u>Plan Review Fee</u>
Up to 5	\$350.00
6 to 16	700.00
17 to 50	1600.00
51 to 100	3000.00
101 to 200	4200.00

4. Freestanding Ambulatory Surgical Facilities: \$1000.00 per operating room.
5. Birthing Centers, Abortion Clinics, and similar facilities: \$250 per service unit.
6. End Stage Renal Disease Facilities: \$100.00 per service unit

B. Plan Review Fees for Remodels of Licensed Facilities

The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms or service units, or other clinic type facilities:

1. Hospitals and Freestanding Surgery Facilities: \$.16 per sq. ft.
2. All others excluding Home Health Agencies: \$.14 per sq. ft.
3. Each required on-site inspection: \$100.00 plus mileage reimbursement in accordance with the current state rate.

C. Other Plan-Review Fee Policies

1. If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this service will be \$100.00 per inspection plus mileage reimbursement in accordance with the current state rate.
2. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee.
3. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as a CAT scanner or linear accelerator.
4. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:
 - a. Preliminary drawing review - 25% of the total fee;
 - b. Working drawings and specifications review - 80% of the total fee;
 - c. If the project is delayed beyond 12 months from the date of the Department's last review, the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.